

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			6/18/00
O.I.P.E. CLASSIFIER	✓		2-7-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
		71471	2/14

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 : Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	08 01 05 08 10 12 05 08
29 24 07 11 21 01 21 30	
06 03 05 08 23 01 08	
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
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43	✓ ✓
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45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓ ✓ ✓ =
49	✓ ✓ ✓ ✓ =
50	✓ ✓ ✓ ✓ =

is canceled
by dependent
claim
2/14/00

Claim	Date
Final Original	08 10 12 05 08
51 52 53 54	01 24 29 04 24
4	✓ ✓ ✓ ✓ =
5	✓ ✓ ✓ ✓ =
6	✓ ✓ ✓ ✓ =
7	✓ ✓ ✓ ✓ =
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49	✓ ✓ ✓ ✓ =
50	✓ ✓ ✓ ✓ =

Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST

BEST AVAILABLE COPY